

Medical Marijuana Program Participant Registration – Physician Training

Department of Health
State of Hawaii

Introduction

- As of January 1, 2015, the Department of Health is managing the State's Medical Marijuana Program
- One major change being instituted with this transition is an online application process
- This training will walk you through the steps required to submit an online application, on behalf of a qualifying patient, to the DOH.


Outline

- I. How to Login to the Medical Marijuana System
- II. Entering Data from the Application Worksheet – by Section
- III. Accepting Payment
- IV. Printing the Application and Preparing the Application Packet
- V. Mailing the Application Packet

I. How to Login

Medical Marijuana Registry

Help Chat

 **Medical Marijuana Registry**
Hawaii State Department of Health

Access Records in the Medical Marijuana Registry System

Log in to begin:

[Doctors, first time logging in? Go to the Doctor First-time Log In.](#)

Email:

Password:

[Log In](#)

Forgot password? [Retrieve Password.](#)

Hawaii State Department of Health
1250 Punchbowl Street, Room 326, Honolulu, HI 96813
Contact by: [Email](#) or (808) 586-4539

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Powered by [HIC](#)

How to Login to the Medical Marijuana System

When you go to the Medical Marijuana Registry web site, <https://medmj.ehawaii.gov> you will see the screen to the right.

The FIRST time, you will need to click the **‘Doctors, first time logging in?’** link.

You will be taken to a different screen.



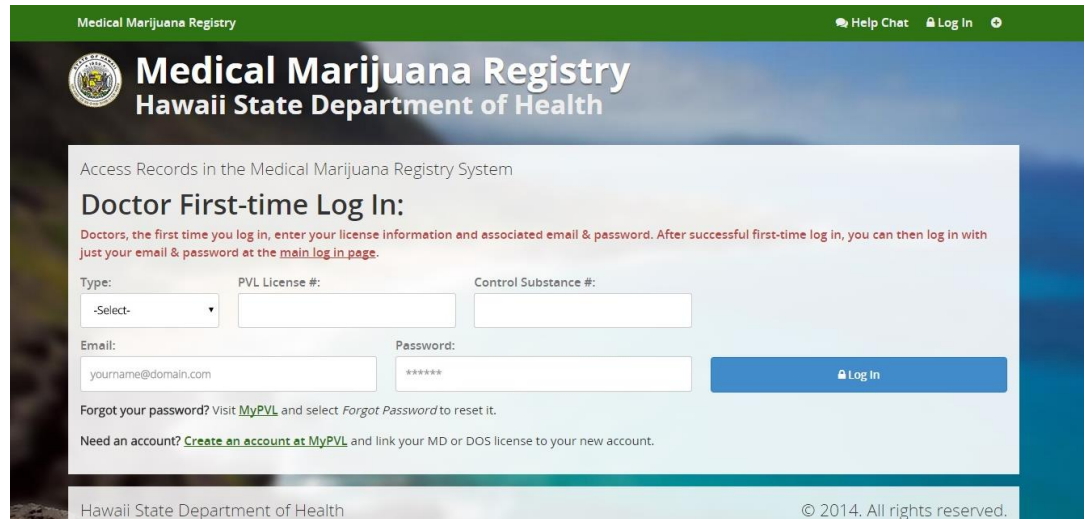
How to Login to the Medical Marijuana System

You will need to login using the same email address and password you currently use to access the Professional & Vocational Licensing site (MyPVL Renewal site: <https://pvl.ehawaii.gov/mypvl>) for your MD or DOS license. You will also need to input your PVL license # and your controlled substance #.

Visit

<https://pvl.ehawaii.gov/mypvl/docs/MyPVL%20Instructions.pdf> for more information

If you have forgotten your PVL system password, you can use the 'Forgot Password' link to reset the password. A new password will be sent to the PVL email.



The screenshot shows the 'Medical Marijuana Registry' login page. At the top, there is a green header with 'Medical Marijuana Registry' and links for 'Help Chat' and 'Log In'. Below the header is the Hawaii State Department of Health logo and the title 'Medical Marijuana Registry'. The main content area is titled 'Access Records in the Medical Marijuana Registry System' and 'Doctor First-time Log In:'. It includes instructions for first-time users and a link to the main log-in page. The login form has fields for 'Type' (a dropdown menu), 'PVL License #', 'Control Substance #', 'Email' (with a placeholder 'yourname@domain.com'), and 'Password' (with a placeholder '*****'). A blue 'Log In' button is on the right. Below the form, there are links for 'Forgot your password?' and 'Need an account?'. The footer contains 'Hawaii State Department of Health' and '© 2014. All rights reserved.'

How to Login to the Medical Marijuana System

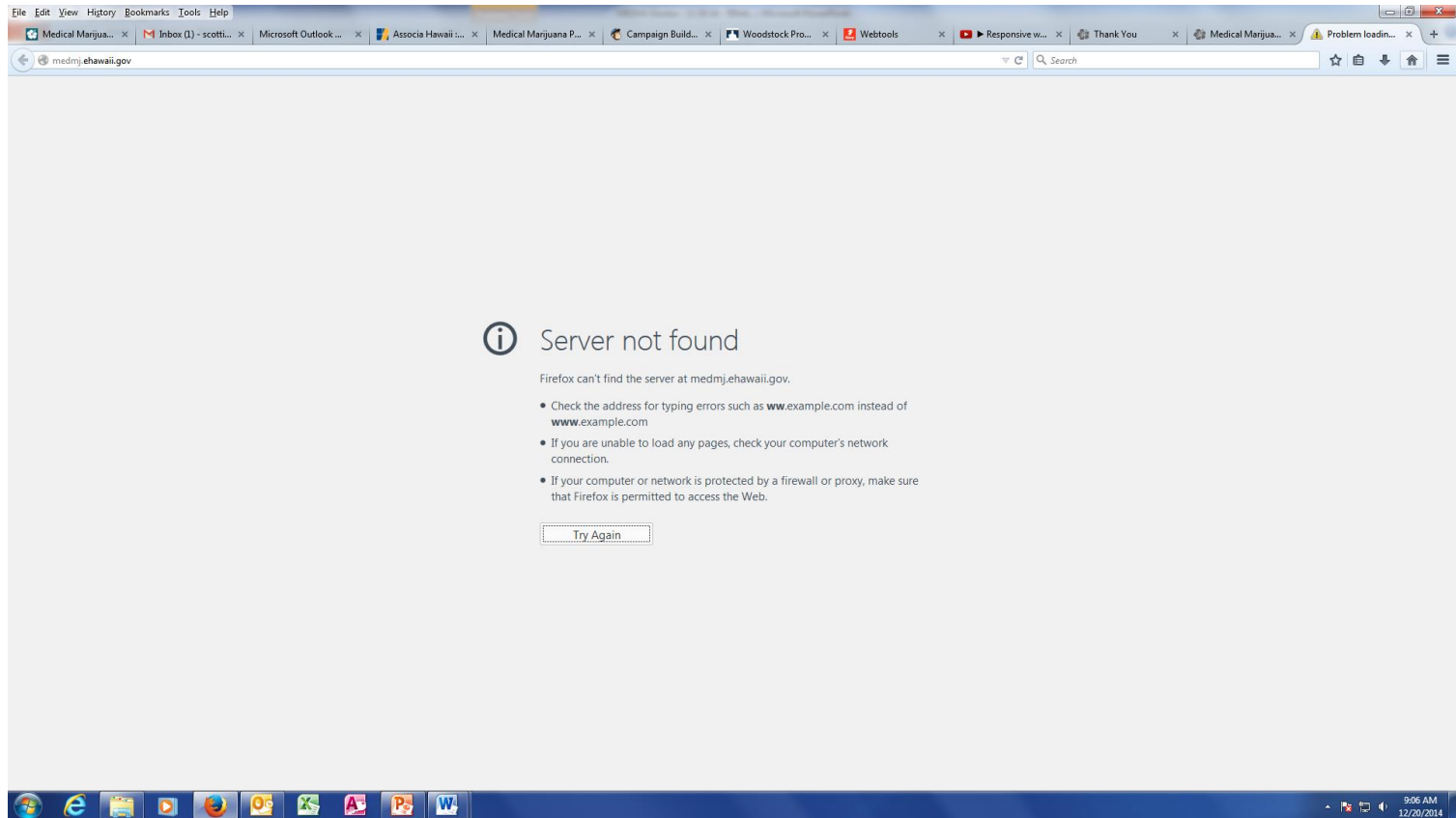
After you have logged in the first time successfully, you can then log in with just your email & password at the main landing page:

<https://medmj.ehawaii.gov>



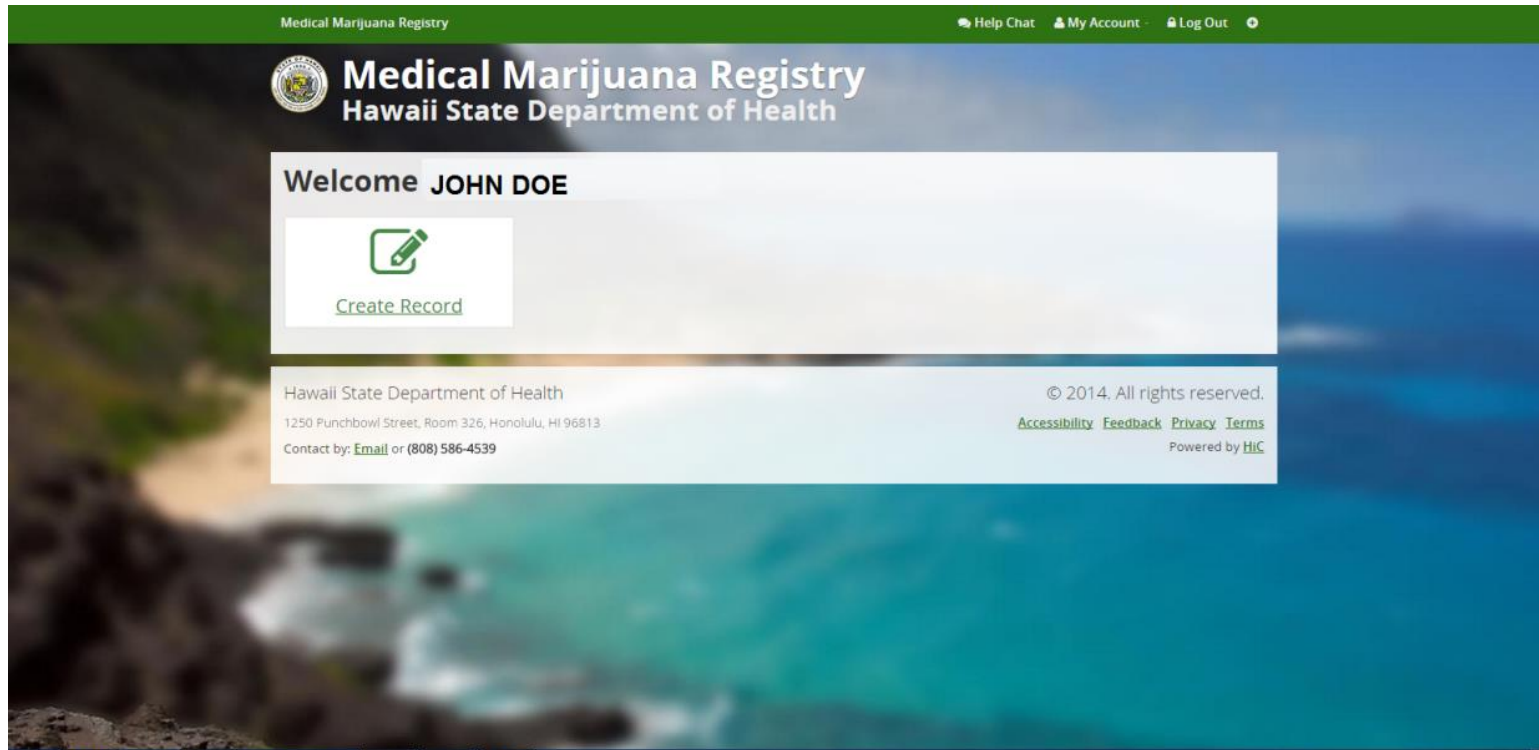
The screenshot shows the login interface for the Medical Marijuana Registry. At the top, there is a green header with "Medical Marijuana Registry" and a "Help Chat" link. Below this is the Hawaii State Department of Health logo and name. The main content area has a light blue background with a white login box. Inside the box, it says "Access Records in the Medical Marijuana Registry System" with a link for "Doctors, first time logging in?". Below this is the "Log in to begin:" section, which includes fields for "Email:" (with a placeholder "yourname@domain.com") and "Password:" (with a masked password "*****"). A blue "Log In" button is to the right of the password field. Below the login fields, there is a link for "Forgot password? Retrieve Password." and a disclaimer: "By using this service, you confirm that you have read, understand, and agree with the Disclaimer." At the bottom of the page, there is contact information for the Hawaii State Department of Health, including the address "1250 Punchbowl Street, Room 326, Honolulu, HI 96813" and the contact number "586-4539". There are also links for "Accessibility", "Feedback", "Privacy", and "Terms", and a note that the system is "Powered by HIC".

How to Login to the Medical Marijuana System



The site is not LIVE – so don't go there now. Plan's to go live are still set for January 2, 2015.

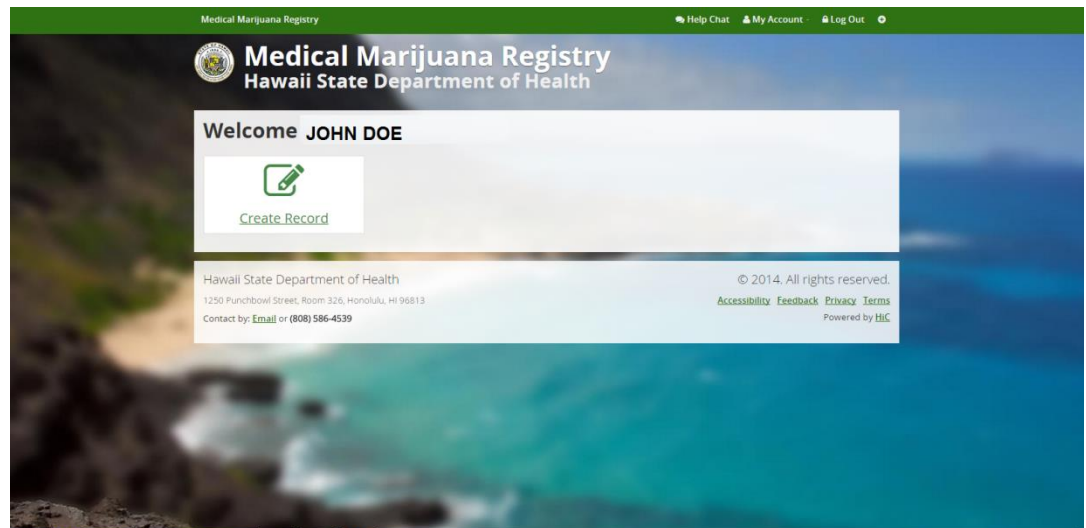
II. Entering Data



Step 1 – Click Create Record

Once you have logged into the Medical Marijuana System, click on the Create Record icon to create a new patient record.

Please be aware that the record will not be saved unless it is complete, so it is necessary to enter all the patient data at one time.



Step 2 –Section A of the Application Worksheet: Patient Information

Using the qualifying patient's **valid** identification (ID) carefully fill out the patient's full name exactly as it appears on their valid ID.

Valid ID, in order of preference is driver's license, state ID or passport.

Note: For Minor Applicants/ Minor Qualifying Patients, if none of the previous forms of valid ID are available, the applicant may use a certified birth certificate. Enter the identification number from the certificate in the space provided and enter any future date for expiration date of the birth certificate. A copy of the certificate must be submitted in the Application Packet.

The screenshot shows the 'Medical Marijuana Registry' website for the Hawaii State Department of Health. The page has a green header with navigation links: 'Home', 'Create Record', 'Help Chat', 'My Account', and 'Log Out'. The main content area is titled 'Create New Record' and includes the instruction 'Enter the patient's name, ID, and birth date'. The form contains several input fields: 'First Name' (with a sub-label 'Patient's first name'), 'Middle Name' (with a sub-label 'OPTIONAL'), 'Last Name' (with a sub-label 'Patient's last name'), and 'Suffix' (with a sub-label 'OPTIONAL'). There is also a 'Birth Date' field with a sub-label 'OPTIONAL' and a format hint 'Format: mm/dd/yyyy'. An example ID number 'HA-12345678' is provided. At the bottom of the form are two buttons: 'Start New Record' and 'Home'. The footer of the page includes the Hawaii State Department of Health address (1250 Punchbowl Street, Room 326, Honolulu, HI 96813), contact information (Email or (808) 586-4539), copyright notice (© 2014. All rights reserved.), and links for Accessibility, Feedback, Privacy, and Terms. It also mentions 'Powered by HIC'.

Step 2 – Section A Continued: Patient Information

Continue entering information from Section A of the Application Worksheet.

Enter gender of patient, residence and mailing address (**use Address Line 2 for Apt#/Unit#/Boat Slip#, etc.**), valid ID information (i.e. state issued, expiration date), and contact information (phone & email). All fields are required unless noted otherwise.

Reminder: the **Section A Certification is REQUIRED** and must be completed and signed by the qualifying patient.

Medical Marijuana Registry
Hawaii State Department of Health

Home Create Record New Record Form

Create New Record Form progress: [Progress Bar]

Patient Information

Name: esmie louse ferguson ID #: 1234567890 Birth Date: 10/10/1979

Enter additional patient information. All fields are required unless otherwise noted.

First Name: esmie Middle Name: louse Last Name: ferguson Suffix: [Optional]

Birth Date: 10/10/1979 Gender: [Select] [Optional]

Residential Address

Address Line 1: [Field] Address Line 2: [Field]

City: [Field] Island: [Select] State: Hawaii Zip Code: [Field]

Until we get a designated field, use Address Line 2 for Apt#, Unit#, Boat Slip# or any other clarifying that may be required – be as specific as possible.

Step 2 – Section A Continued: Patient Information Continued

1. Address: If the Mailing address is the same as the residence address, click the 'Same as Residence Address' box for the Mailing address
2. Valid ID:
 - The preferred ID type is a drivers license, followed by state ID and then passport (you may have already entered this on the first screen)
 - For all forms of ID, enter the state or country of Issue and the expiration date
3. Contact Information:
 - Enter a valid phone number for the patient
 - An alternate phone and email address are requested but not required

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Step 2 – Section A - Note for Minor Applicants / Minor Qualifying Patients

As previously mentioned, using a Birth Certificate is one of the ID options for minor applicants/qualifying patients. You **MUST** enter an expiration date (sorry – we will fix this glitch next go round). For now, use any future date as the expiration date for a Birth Certificate.

Reminder: **Section A requires a Certification** that is completed and signed by the qualifying patient. For minor applicants, the Section A Certification must be completed and signed by a parent, guardian or legal custodian AND the Section B – Minor Applicant/Minor Qualifying Patient Certification must be completed and signed by the parent, guardian or legal custodian. If there is joint legal authority, both individuals with joint legal authority must initial and sign the Section B Certification.

The screenshot shows a web form for the Hawaii State Department of Health. The form is titled 'Section A Certification' and includes the following fields:

- Mailing Address:** A checkbox labeled 'Same as Residential Address'. Below it are 'Address Line 1' and 'Address Line 2' text boxes. 'Address Line 2' is marked as 'OPTIONAL'.
- City:** A text box.
- State:** A dropdown menu with 'Hawaii' selected.
- Zip Code:** A text box.
- ID #:** A text box containing '1234567890'.
- ID Type:** A dropdown menu with 'Select-'.
- State Issued:** A dropdown menu with 'Select-'.
- Expiration Date:** A text box with a format hint 'Format: mm/dd/yyyy'.
- Primary Phone:** A text box with a format hint 'Format: aaa-aaa-aaaa'.
- Alternate Phone:** A text box marked as 'OPTIONAL'.
- Email:** A text box marked as 'OPTIONAL'.

At the bottom of the form are two buttons: 'Cancel' and 'Next'.

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Step 3 – Section D of the Application Worksheet: Caregiver Information

If a caregiver is not named in Section A of the Application Worksheet, there should be no information to enter into Section D. If this is the case, click Next.

If a caregiver is named in Section A of the Application Worksheet, enter the information from Section D of the Application Worksheet here.

Two Reminders:

1. If the Applicant/Qualifying Patient is a Minor, Section D is REQUIRED.
2. If a caregiver is named, the Section D Certification is REQUIRED and must be completed and signed by the individual designated as the Primary Caregiver in the Section A Certification.

The screenshot shows the 'Medical Marijuana Registry' website for the 'Hawaii State Department of Health'. The user is on the 'Create New Record' page, specifically the 'Caregiver Information' section. The form includes a progress bar and a 'Form progress' indicator. The 'Caregiver Information' section asks 'Does the patient have a caregiver? If not, continue to the Next section.' and provides a link to 'Yes, the patient has a caregiver.' Below this, it states 'Enter the Caregiver information. All fields are required unless otherwise noted.' The form fields are organized into two rows. The first row contains 'First Name', 'Middle Name' (marked as OPTIONAL), 'Last Name', and 'Suffix' (marked as OPTIONAL). The second row contains 'Gender' (with a 'Select' dropdown), 'ID #' (with a text input), 'ID Type' (with a 'Select' dropdown), 'State Issued' (with a 'Select' dropdown), and 'Expiration Date' (with a text input and a 'Format: mm/dd/yyyy' instruction). Below these is the 'Residence Address' section, which includes 'Address Line 1', 'Address Line 2' (marked as OPTIONAL), 'City', 'Island' (with a 'Select' dropdown), 'State' (with a dropdown menu showing 'Hawaii'), and 'Zip Code'.

Step 3 – Section D Continued: Caregiver Information

Using the caregiver's **valid** identification (ID) carefully fill out the patient's full name exactly as it appears on their valid ID.

Valid ID, in order of preference is driver's license, state ID or passport.

This section mirrors the patient's section.

Enter gender of patient, residence and mailing address, valid ID information (i.e. state issued, expiration date), and contact information (phone & email). All fields are required unless noted otherwise.

The screenshot shows the 'Medical Marijuana Registry' website for the 'Hawaii State Department of Health'. The page is titled 'Create New Record' and 'Caregiver Information'. It includes a progress bar and a 'Form progress' indicator. The form asks 'Does the patient have a caregiver?' and provides a checkbox to confirm. Below this, it prompts to 'Enter the Caregiver information. All fields are required unless otherwise noted.' The form fields include: First Name, Middle Name (OPTIONAL), Last Name, Suffix (OPTIONAL), Gender (dropdown), ID #, ID Type (dropdown), State Issued (dropdown), Expiration Date (text field with format mm/dd/yyyy), Residence Address (Address Line 1, Address Line 2, City, Island (dropdown), State (dropdown, currently set to Hawaii), and Zip Code.

Step 4 – Section C of the Application Worksheet: Physician Certification

In this section, you will enter your personal data the **FIRST** time. Thereafter, you will **not** need to fill your personal data, the form will prefill after you enter your License type and PVL License number.

Start by identifying the debilitating medical condition(s) that makes the patient eligible for the medical use of marijuana. Select as many as apply for the patient. Click “ADD” for each one.

Then:

- Enter the type of doctor you are
- Enter your PVL license number and expiration date
- Enter your Controlled Substance license number and expiration date
- Enter the name you use for Professional & Vocational Licensing

NOTE: If either of your licenses are not **“Current and Valid”** you will not be able to pass this screen.

The screenshot shows the 'Medical Marijuana Registry' website interface. At the top, there's a green navigation bar with links for 'Home', 'Create Record', and 'New Record Form'. Below this, the header reads 'Medical Marijuana Registry Hawaii State Department of Health'. The main content area is titled 'Create New Record' with a 'Form progress' indicator. Under the 'Medical Information' section, it prompts the user to 'Enter the patient's medical information. All fields are required unless otherwise noted.' There's a dropdown menu for 'Patient's Medical Condition(s)' with a red border and a green 'Add' button. Below this is a 'List of Medical Conditions' section. The 'Physician's Information' section includes fields for 'Title' (a dropdown), 'Medical License #' (text), 'Expiration' (text with a 'Format: mm/dd/yyyy' hint), 'Controlled Substance License #' (text), and another 'Expiration' (text with a 'Format: mm/dd/yyyy' hint). At the bottom, there are fields for 'First Name', 'Middle Name', 'Last Name', and 'Suffix'.

Step 4 – Section C Continued: Physician Certification

Continue entering information from
Section C of the Application Worksheet

- Enter your business address
- Enter your mailing address if not the same as business address
- Enter your phone number
- An alternate phone and an email are also requested

Remember, once your personal data is entered the FIRST time, you will not need to fill it in for each patient that you certify, the form will prefill.

Reminder: the **Section C Certification is REQUIRED** and must be completed and signed by you, the certifying physician. The certifying physician must also be named in the Section A Certification

The screenshot shows a web form titled "Medical Marijuana Registry" with a green header bar containing "Help Chat", "My Account", and "Log Out". The form is divided into two main sections: "Business Address" and "Mailing Address". Each section has fields for "Address Line 1", "Address Line 2", "City", "State" (a dropdown menu with "Hawaii" selected), and "Zip Code". The "Mailing Address" section includes a checkbox labeled "Same as Residential Address". Below these sections are fields for "Primary Phone" (with a format hint "###-###-####"), "Alternate Phone" (marked as "OPTIONAL"), and "Email" (also marked as "OPTIONAL"). At the bottom of the form are two buttons: "< Previous" and "> Next". The footer of the page includes the text "Hawaii State Department of Health", "1250 Punchbowl Street, Room 326, Honolulu, HI 96813", "Contact by: Email or (808) 586-4539", a copyright notice "© 2014. All rights reserved.", and links for "Accessibility", "Feedback", "Privacy", and "Terms". It also mentions "Powered by HHC".

Step 5 – Section E of the Application Worksheet: Grow Site Designation

If the qualifying patient **is not** planning to grow their medical marijuana, click Next on the Grow Site screen.

If the qualifying patient **is** planning to grow or is planning to have their caregiver grow their medical marijuana, this section must be completed.

Reminder: the **Section E Certification** is **REQUIRED** regardless of intent to grow and must be completed and signed by the patient. In addition, if a caregiver is either identified to grow OR identified as owning or controlling the property on which the medical marijuana will be grown, they are also **REQUIRED** to complete and sign the Section E Certification.

The screenshot shows the 'Medical Marijuana Registry' website for the Hawaii State Department of Health. The user is on the 'Create New Record' page, specifically the 'Grow Site' section. The form asks if there is a grow site to enter. If yes, it prompts for grow site information, including whether the address is the same as the patient's or caregiver's, or if a new address or TMLK should be entered. The form has a progress bar and 'Previous' and 'Next' buttons. The footer includes contact information for the Hawaii State Department of Health and copyright information.

Medical Marijuana Registry
Hawaii State Department of Health

Home Create Record New Record Form

Create New Record Form progress: [Progress Bar]

Grow Site

Is there a Grow Site to enter? If not, continue to the Next section.
* Yes, there is an active Grow Site for this record.

Enter the Grow Site information. All fields are required unless otherwise noted.

Is the Grow Site address same as the patient's or caregiver's address?

- ☐ Yes, Same as patient's address.
- ☐ Yes, Same as the caregiver's address.
- ☐ No, I'll enter an address.
- ☐ No, I'll enter a TMLK.

< Previous Next >

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Step 5 – Section E Continued: Grow Site Designation

Indicate if the grow site address is the:

- Patient's address
- Caregiver's address
- Another address
- A TMK location

Indicating Patient's or Caregiver's
Residence Address leads to the next step
in the process.

If the address is another address or at a
TMK location, you will need to fill out
additional information.

Reminder: It is in the patient/caregiver's
best interest to be as **accurate** as
possible. A specific house number and
street address is **PREFERRED**. **Be sure to
include the Apt #, Unit #, Boat Slip # ,
etc. in Address Line 2.**

The screenshot shows the 'Medical Marijuana Registry' website for the Hawaii State Department of Health. The user is on the 'Create New Record' page, specifically the 'Grow Site' section. The form asks if there is a grow site to enter and provides options for where the address is located. The form progress bar is at 100%.

Medical Marijuana Registry
Hawaii State Department of Health

Home / Create Record / New Record Form

Create New Record Form progress: 100%

Grow Site

Is there a Grow Site to enter? If not, continue to the /Next section.
* Yes, there is an active Grow Site for this record.

Enter the Grow Site information. All fields are required unless otherwise noted.

Is the Grow Site address same as the patient's or caregiver's address?

- ☐ Yes, Same as patient's address.
- ☐ Yes, Same as the caregiver's address.
- ☐ No, I'll enter an address.
- ☐ No, I'll enter a TMK.

< Previous Next >

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Step 5 – Section E Continued: Grow Site Designation

If you select ‘I’ll enter an address’, or “I’ll enter a TMK”, you will also need to indicate if this site is under the control of the patient or the caregiver AND you will need to fill out the address in the section that pops.

It is in the patient’s and/or caregiver’s best interest to be as specific as possible with the grow site address. A specific house number and street address is PREFERRED, however, if no street address is available, a Tax Map Key and a description/directions of/to the address is required. Inclusion of city and zip for TMK may also be helpful.

You MUST indicate whether the property is under the control of the patient or the caregiver AND they must attest to this, in writing, on the required Certification.

The screenshot shows the 'Create New Record' form for 'Grow Site' designation. The form includes a progress bar and a 'Form progress' indicator. It asks, 'Is there a Grow Site to enter? If not, continue to the Next section.' and provides a radio button option: 'Yes, there is an active Grow Site for this record.' Below this, it states, 'Enter the Grow Site information. All fields are required unless otherwise noted.' The form then asks, 'Is the Grow Site address same as the patient's or caregiver's address?' with three radio button options: 'Yes, Same as patient's address.', 'Yes, Same as the caregiver's address.', and 'No, I'll enter an address.' Below this, it asks, 'This grow site is controlled by the:' with two radio button options: 'Patient' and 'Caregiver'. The form includes fields for 'Address Line 1', 'Address Line 2', 'City', 'State', and 'Zip Code'. A purple oval highlights the 'Address Line 2' field, and a purple arrow points to it from the explanatory text below.

Until we get a designated field, use Address Line 2 for Apt#, Unit#, Boat Slip# or any other clarifying that may be required – be as specific as possible.

Step 6 – Review Data & Select Payment Type

This screen displays all the data you have entered.

Click the ‘Show/Hide All’ button on the upper right of the screen, or click arrows on the right side to display or hide section data.

Review all the data carefully to ensure it is correct.

You will need to use your browser’s back button to fix errors at this time.

Medical Marijuana Registry

Help Chat My Account Log Out

Show/Hide All

Record Details

Patient Information

Name: a a Date of Birth: 10/27/1111 ID #: 123 State Issued: Arizona Expiration: 11/04/1111

Residential Address: 1 test ave, Honolulu, Oahu HI 11111 Mailing Address: SAME

Phone: 1111111111 Alt. Phone: Email:

Caregiver Information

Medical Information

Grow Site

Line	Description	Amount
1	New Record for a, a	\$38.50

Payment Method: Select

Submit

Step 6 – Review Data & Select Payment Type

In this next phase of the process, payment, the steps are different based on the type of payment by the patient.

Read through each section to see how to handle the payments.

Note that ALL submissions then are handled similarly after payment is made so be sure to read the section on Printing the Application and Preparing the Application Packet near the end of this document.

Medical Marijuana Registry

Help Chat My Account Log Out

Record Details

Show/Hide All

Patient Information

Name: a a	Date of Birth: 10/27/1111	ID #: 123	State Issued: Arizona	Expiration: 11/04/1111
Residential Address: 1 test ave, Honolulu, Oahu HI 11111	Mailing Address: SAME	Phone: 1111111111	Alt. Phone:	Email:

Caregiver Information

Medical Information

Grow Site

Line	Description	Amount
1	New Record for a, a	\$38.50

Payment Method: Select

Submit

III. Accepting Payment

- The next slides focus on Debit/Credit Card payments
- After that, slides focus on eCheck payment
- The final payment option reviewed is Money Order or Cashier Check Payment
- Irrespective of payment type, final slides focus on last steps to correctly send in documents to DOH

Payment Options

Payment options are:

- Credit/Debit Card – has the fastest turnaround time and/or no delay for the issue of the card once the signed application is received and verified by DOH.
- Electronic Debit from Checking/Savings Account – there may be some delay as DOH will not issue the card until the payment has had time to clear your account or a minimum of 10 business days from the electronic submittal & verification of the signed application by DOH.
- Cashier's Check or Money Order (mailed in) – has the longest turnaround time, with this option the card will be issued after a minimum of 10 days from receipt and verification of the signed application by DOH.

Step 6 – Review Data & Select Payment Type

Select the payment type from the dropdown near the bottom of the screen.

The amount that must be paid is **\$38.50 – regardless of payment type. All payments are nonrefundable.**

If the payment type is credit card, Mastercard or VISA debit card, or regular check, select the correct option. You will be shown how to accept payment on screens that follow.

If payment is by Money Order or Cashier's check, select this option from the dropdown and remember to include this form of payment with the application.

The screenshot shows the 'Medical Marijuana Registry' interface. At the top, there is a green header bar with 'Medical Marijuana Registry' on the left and 'Help Chat', 'My Account', and 'Log Out' on the right. The main content area is titled 'Record Details' and contains several sections: 'Patient Information' (with fields for Name, Date of Birth, ID #, State Issued, Expiration, Residential Address, Mailing Address, Phone, and Alt. Phone), 'Caregiver Information', 'Medical Information', and 'Grow Site'. Below these sections is a table with columns 'Line', 'Description', and 'Amount'. The table has one row: '1', 'New Record for a, a', and '\$38.50'. Below the table is a 'Payment Method' dropdown menu with 'Select' as the current option. At the bottom of the form is a green 'Submit' button.

Line	Description	Amount
1	New Record for a, a	\$38.50

Step 6 – Review & Payment

At this point, you have selected via the dropdown that the form of payment is either a credit card, MasterCard debit card, VISA debit card, echeck, Money Order, or Cashiers Check.

Click the Submit button at the bottom of the screen.

You will be collecting payment as described on the pages that follow.

All payments are NON-REFUNDABLE.

The screenshot shows a web browser window with the URL <https://test-medmj.ehawaii.gov/medmj/doctor/create-review.html>. The page title is 'Medical Marijuana Registry' and the main heading is 'Create New Record'. Below this is a 'Review' section with 'Record Details'. The patient information includes Name: Misha Leon, ID #: 234234, ID Type: BIRTH_CERT, Date of Birth: 11/11/1998, Gender: Female, State Issued: Hawaii, Expiration: 11/11/2016, Residential Address: 1 test ave, Honolulu, Hawaii HI 96813, Mailing Address: SAME, Phone: 1111111111, and All Phone: . The form also has sections for Caregiver Information, Medical Information, and Grow Site. At the bottom, there is a 'Payment Method' dropdown menu with 'Cash' selected, and a green 'Submit' button. A purple oval highlights the 'Payment Method' dropdown, and a purple arrow points to it from the text 'Select Payment Option Here'.

Select Payment Option Here

Accepting Credit or Debit Payment for Registration

If payment is via Debit or Credit Card, you will need to follow the directions below for accepting payment.

The screen to the right displays after you click 'Submit'.


In the Contact Information Section, enter the Patient name, email and phone number, unless the patient is a minor. If the patient is a minor, enter caregiver name, email, and phone.

In the Credit Card Information Section, Enter the name on the credit or debit card (note that only MasterCard and VISA debit cards are accepted), the type of card, the number, and the expiration month and year.

In the Billing Address section, enter the billing address of the card holder.

Click Continue.

Credit Card Payment



All fields are **required** unless otherwise noted.

Total Payment: \$38.50 [View Details](#)

Contact Information

Name:

Phone Number:
Area code required

Email Address:

Your email address is used to send you a receipt or to notify you of payment problems.

It will not be used for any other purpose and we will not sell, exchange or otherwise provide your email address to any third party.

Credit Card Information

Cardholder Name:
Maximum 60 characters

Card Type: ☐ VISA ☐ MasterCard ☐ DISCOVER ☐ AMEX

Card Number:

Expiration Date: Month Year

Billing Address

Address Line 1:
Street address, P.O. box, company name, etc.


Address Line 2:
Optional: apartment, suite, unit, building, floor, etc.

City: State: Hawaii

Zip Code:

Country: United States

Continue



C-O-M-O-D-O
AUTHENTIC & SECURE


Confirm Payment Information

Confirm that the information provided is correct.

If it is not, click the Back button at the bottom of the screen.

If it is, click the Pay Now button.

Confirm Payment



Total Payment: \$38.50 [View Details](#)

Payment Information


Contact Name	a b
Phone Number	888-888-8888
Email Address	julie@ehawaii.gov
Card Type	Visa
Account Number (last 4)	1111
Expiration Date	**/**
Name on Card	TEST TESTA
Billing Address	1 test ave Honolulu, HI 96813 United States

Please Confirm

By clicking **Pay Now** below, I certify that I am authorized to make this payment and I authorize the Hawaii Information Consortium to charge this account in the amount of **\$38.50**.

Back

Pay Now




C-O-M-O-D-O
AUTHENTIC & SECURE

Payment Receipt

A payment receipt displays and can be printed, but is also sent to the email address provided on the previous payment screen.

VERY IMPORTANT: Click Continue to return to the **Final Version** of the Application (Thank You screen) and to **PRINT THE THANK YOU SCREEN**.


Payment Receipt



Total Payment: \$38.50 [View Itemized Receipt](#)

Payment Information		Final Steps	
Contact Name	a b	Please print this receipt for your records and click Continue below to complete the transaction.	
Phone Number	888-888-8888	Reference Id	7UN-2AR-3ZS-6TS
Email Address	julie@ehawaii.gov	Authorization Code	9579944
Card Type	Visa	Transaction Date/Time	1 Dec 2014 12:21 HST
Account Number (last 4)	1111		
Expiration Date	**/*		
Name on Card	TEST TESTA		
Billing Address	1 test ave Honolulu, HI 96813 United States		

[Continue](#)



Note: This is NOT the Thank You Screen

This is the Thank You Screen!

Be sure to click Show/Hide All (you want it to “show” all) and click the PRINT button

The screenshot shows the 'Medical Marijuana Registry' 'Thank You' page. The page has a green header with the state seal and navigation links. The main content area displays the application number and patient details. Three purple ovals highlight specific elements: the 'Thank you' link, the 'Print' button, and the 'Show/Hide All' button. A blue information bar at the top of the content area provides instructions on printing. The patient information is organized into a table with fields for personal and medical data.

Medical Marijuana Registry
Hawaii State Department of Health

Home / Thank You

Thank you **Print** Form progress: [Progress Bar]

Important: Be sure to print 2 copies of this (1 for DOH, 1 for doctor) before closing screen

Application Number : 83105

Record Details

Patient Information

Name: Test Dummy IX	Date of Birth: show	Gender: Female
ID #: 123456	ID Type: DRIVERS_LICENSE	State Issued: Hawaii
Residential Address: 1234 Mary Jane Lane, Unit#329, Holiday City, Oahu HI 96782	Expiration: 12/12/2021	Mailing Address: SAME
Phone: 8080808080	Alt. Phone:	Email:

Medical Information

Medical Marijuana Registry Receipt
Please keep a copy of this payment receipt for your records.

Accepting Payment by Electronic Debit

For electronic debits from checking or savings accounts, you will need to follow the directions below for accepting payment.

In the Contact Information Section, enter the Patient name, email and phone number, unless the patient is a minor. If the patient is a minor, enter caregiver name, email, and phone.

In the Notice Section, confirm that the bank the check is written on is a U.S. Bank by checking the box. **Payment is only accepted from U.S. banks.**

In the Account Information Section, select Business or Personal account. If Personal, select Checking or Savings account. Enter the name of the bank, the routing number (twice) - the screen provides help on this, and the name of the Account Holder. Enter the Account Number twice – again, the screen provides help for this.

In the Billing Address section, enter the address of the account holder..

Click Continue.

NOTE: If Electronic debit is returned , there will be a \$25 fee and the application will not be fulfilled.

Check Payment



All fields are **required** unless otherwise noted.

Total Payment: \$38.50 [View Details](#)

Contact Information

Name:

Email Address:

Your email address is used to send you a receipt or to notify you of payment problems.

It will not be used for any other purpose and we will not sell, exchange or otherwise provide your email address to any third party.

Phone Number:

Area code required

Notice

eHawaii.gov does not accept International ACH Payments. Funds must originate from a US financial institution.

☐ Check here if your check payment uses a US financial institution.

Account Information

Bank Account Type:

Bank Name :

Maximum 50 characters

[Help with Routing and Account Numbers](#)

Routing Number:

Always 9 digits

Re-enter Routing Number:

Account Holder's Name:

Maximum 22 characters

Account Number:

Up to 17 digits

Re-enter Account Number:

Billing Address

Address Line 1:

Street address, P.O. box, company name, c/o

Address Line 2:

Optional: apartment, suite, unit, building, floor, etc.

City:

State:

Zip Code:

Continue




Confirm Payment Information

Confirm that the information provided is correct.

If it is not, click the Back button at the bottom of the screen.

If it is, click the Pay Now button.

Confirm Payment



Total Payment: \$38.50 [View Details](#)


Payment Information

Contact Name	test testa
Phone Number	888-888-8888
Email Address	julie@ehawaii.gov
Account Type	Business
Account Type	Checking
Bank Name	Testbank
Routing Number	*****0044
Name on Account	test testa
Account Number (last 4)	*****4321
Billing Address	1 test ave Honolulu, HI 96813 United States

Please Confirm

Please be careful to enter the correct information for your check. Insufficient funds or incorrect routing and account numbers will result in a bounced check fee.

By clicking **Pay Now** below, I certify that I am authorized to make this payment and I authorize the Hawaii Information Consortium to charge this account in the amount of \$38.50.



111
C-O-M-O-D-O
AUTHENTIC & SECURE

Payment Receipt

A payment receipt displays and can be printed, but is also sent to the email address provided on the previous payment screen.

VERY IMPORTANT: Click Continue to return to the **Final Version** of the Application (Thank You screen) and to **PRINT THE THANK YOU SCREEN**.


Payment Receipt



Total Payment: \$38.50 [View Itemized Receipt](#)

Payment Information		Final Steps	
Contact Name	test testa	Please print this receipt for your records and click Continue below to complete the transaction.	
Phone Number	888-888-8888	Reference Id	2JH-1HB-SRP-1LX
Email Address	julie@ehawaii.gov	Authorization Code	9671100
Account Type	Business	Transaction Date/Time	9 Dec 2014 17:55 HST
Account Type	Checking	This receipt is a record that you have submitted your check payment. Please note that your payment may take several days to clear your bank. If your check fails to clear for any reason, including incorrect routing or account numbers, you will be responsible for a bounced check fee.	
Bank Name	Testbank		
Routing Number	*****0044		
Name on Account	test testa		
Account Number (last 4)	*****4321		
Billing Address	1 test ave Honolulu, HI 96813 United States		

Continue



C-O-M-O-D-O
AUTHENTIC & SECURE

Note: This is NOT the Thank You Screen

This is the Thank You Screen!

Be sure to click Show/Hide All (you want it to “show” all) and click the PRINT button

The screenshot shows the 'Medical Marijuana Registry' 'Thank You' page. The page has a green header with the state seal and navigation links. The main content area is white with a blue sidebar. The 'Thank you' text is circled in purple. The 'Print' button is circled in purple. The 'Show/Hide All' button is circled in purple. The 'Form progress' bar is shown. The 'Application Number' is 83105. The 'Record Details' section includes 'Patient Information' and 'Medical Information'. The 'Patient Information' section shows the patient's name, ID, address, and contact information. The 'Medical Information' section shows the date of birth, gender, state issued, expiration, mailing address, and email.

Medical Marijuana Registry
Hawaii State Department of Health

Home / Thank You

Thank you **Print** Form progress:

Important: Be sure to print 2 copies of this (1 for DOH, 1 for doctor) before closing screen

Application Number : 83105

Record Details

Patient Information

Name:	Test Dummy IX		Date of Birth:	show	Gender:	Female	
ID #:	123456	ID Type:	DRIVERS_LICENSE	State Issued:	Hawaii	Expiration:	12/12/2021
Residential Address:	1234 Mary Jane Lane, Unit#329, Holiday City, Oahu HI 96782			Mailing Address:	SAME		
Phone:	8080808080	Alt. Phone:		Email:			

Medical Information

Medical Marijuana Registry Receipt
Please keep a copy of this payment receipt for your records.

Accepting Money Order/ Cashier's Check Payment

- Please be advised that this form of payment results in the longest turnaround time.
- The total amount required is \$38.50 payable to The Department of Health.
- After clicking Submit you will see the Thank You screen. You must still PRINT the application via the Thank You screen and submit the Application Packet to DOH.

IV. Printing The Application and Preparing the Application Packet

The Application Packet Includes:

1. Print out of the information/application that was submitted online. **This is the Printout of the Thank You page.**
2. Completed & Signed Certification for each section of the application that is applicable:
 - Required Certifications include:
 - a) qualifying patient,
 - b) physician, and
 - c) grow site attestation;
 - Additional Certifications, as applicable, include:
 - a) parent, guardian or legal custodian of a minor,
 - b) caregiver (for minor applicants, the caregiver certification is REQUIRED)
3. A copy of the valid ID used for all individuals identified on the application (for minors, a certified birth certificate is acceptable if no other valid ID is available) clearly showing both the individuals photo AND the ID number.

Item #1 in Application Packet: Print Application from Thank You Screen

When you view the Thank you screen, it is very important that you print at least 2 copies of the screen with all sections displayed. You can do this by selecting the 'Show/Hide All' button on the upper right side of the screen so that all sections display, and then clicking the Print button at the top center of the screen.

This screen displays the application number that the DOH will match when reviewing the submission, as well as all the data submitted (signed attestations, copies of IDs, and if applicable, Money Order /Cashiers Check) .

Once you leave this screen you will not be able to access it again **and your application will be INCOMPLETE.**

Thank you Print Button Form progress:

Application Number : 244 **PRINT THIS PAGE** Show/Hide All

Record Details

Patient Information

Name: maurie mavis	Date of Birth: show	Gender: Female
ID #: 1122	ID Type: DRIVERS_LICENSE	State Issued: Hawaii
Residential Address: 1 test ave, Honolulu, Hawaii HI 96813	Expiration: 11/22/2016	Mailing Address: SAME
Phone: 1111111111	Alt. Phone:	Email:

Caregiver Information

Name: mama mavis	Date of Birth: show	Gender: Female
ID #: 345345	ID Type: DRIVERS_LICENSE	State Issued: Hawaii
Residential Address: 1 test ave, Honolulu, Oahu HI 99999	Expiration: 11/22/2016	Mailing Address: HI
Phone: 9999999999	Alt. Phone:	Email:

Medical Information

Medical Conditions: Glaucoma,	
Physician's Name:	
Business Address: Street, Honolulu, Oahu HI 961	Mailing Address: SAME
Phone: 806	Alt. Phone: 3333333333
	Email: doctor@test.com

Grow Site

Controlled by: Patient	Address: 1 test ave, Honolulu, Hawaii HI 96813	TMR: NA
------------------------	--	---------

Thank you for your submission.

Line	Description	Payment Type	Amount
1	New Record for maurie mavis	eCheck	\$38.00

Return to Home

Item #2 in Application Packet: Signed Certifications

Print the complete set of Certifications for the Patient's application and include the completed signed originals in the Application Packet submission to the DOH.

The appropriate individual must complete and sign a Certification for each section to include **at a minimum**: Patient, Physician and Grow Site. As applicable, the Minor and Caregiver Certifications may also be required.



STATE OF HAWAII
DEPARTMENT OF HEALTH
4348 Waiiale Avenue, #648
Honolulu, Hawaii 96816



APPLICATION # _____

Medical Use of Marijuana Applicant Certification

SECTION A. *This section to be signed by the applicant/qualifying patient OR if applicant is a minor, by the parent, guardian or legal custodian*

Applicant's Name:

Last First Middle

Note: Use your name EXACTLY as it appears on your VALID government identification (for Birth Certificate if minor applicant w/o ID)

My primary care physician for the medical use of marijuana is: _____

I would like to designate a primary caregiver: ☐ Yes ☐ No (If "yes", primary caregiver shall complete Section D)

My primary caregiver for the medical use of marijuana is: _____

APPLICANT STATEMENT OF UNDERSTANDING AND CERTIFICATION

I CERTIFY that:

- 1) I have read, understand, and agree to part IX, chapter 329, Hawaii Revised Statutes (HRS): Medical Use of Marijuana;
 - 2) I have a debilitating medical condition(s), as defined therein, and as stated in section C of this application;
 - 3) My use of marijuana is solely for the treatment of the specified debilitating medical condition;
 - 4) I agree to abide by the Conditions of Use as outlined in part IX, section 329-122, HRS, as well as ALL other applicable sections of part IX, chapter 329, HRS.
- ☐ Yes ☐ No

CONSENT TO RELEASE INFORMATION

☐ Yes ☐ No
I consent to allow my primary care physician, so named in this application, to release any protected health information pertaining to my debilitating medical condition for the purpose of my registration for medical use of marijuana as set forth in part IX, chapter 329, HRS, to authorized agents of the Department of Health. This consent is valid for the duration of my medical use of marijuana registration card or upon my written revocation of this consent. I understand that if I revoke my consent, my medical use of marijuana registration card will be revoked.

Under penalty of perjury, I attest that all information submitted is true to the best of my understanding and that I have not intentionally furnished false or fraudulent information or omitted any information from this application. By signing this document I acknowledge that I am subject to part IX, chapter 329, HRS, and all other applicable laws for the medical use of marijuana in the State of Hawaii. I understand that my registration as a qualified patient to use medical marijuana under Hawaii law may not protect me against arrest, prosecution, or conviction under Federal law.

APPLICANT'S SIGNATURE

DATE

Form CBD-001ac
Revised 11/24/14

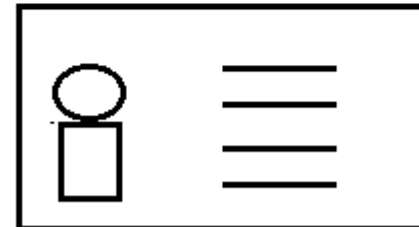
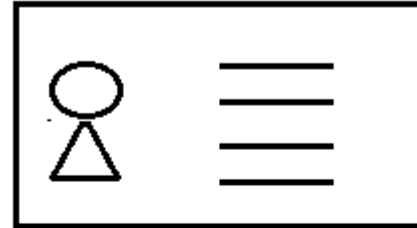
1

Item #3 in Application Packet: Copy of Valid ID(s)

Make a copy of Valid ID for patient, caregiver, minor, as applicable, **clearly** showing their photo and ID number.

If applicable, include the cashier's check or money order with your Application Packet.

Incomplete applications will not be accepted.



V. Mailing Your Completed Application

ALL APPLICATION PACKET ITEMS MUST BE INCLUDED IN THE SUBMISSION TO DOH:

1. Print out of the information/application that was submitted online.
2. Completed & Signed Certification for each section of the application that is applicable:
 - Required Certifications include:
 - a) qualifying patient,
 - b) physician, and
 - c) grow site attestation;
 - Additional Certifications, as applicable, include:
 - a) parent, guardian or legal custodian of a minor,
 - b) caregiver (for minor applicants, the caregiver certification is REQUIRED)
3. A copy of the valid ID used for all individuals identified on the application (for minors, a certified birth certificate is acceptable if no other valid ID is available) clearly showing both the individuals photo AND the ID number.
4. Cashier's Check or Money Order, if applicable.

Mail to:

Department of Health
Medical Marijuana Program
4348 Waialae Avenue, #648
Honolulu, HI 96816

Thank you for participating in the
Medical Marijuana Program
Participant Registration –
Physician Training